

CITY OF LEITCHFIELD TOURISM COMMISSION
MONTHLY return of Hotel-Motel Room Tax

Monthly:

Business Name: _____

Mailing Address: _____

Computation of Tax

1. Gross Room Rentals \$ _____

2. Less Permanent Guests \$ _____

3. Taxable Rentals (Line 1 minus Line 2) \$ _____

4. Tax (1% of Line 3) \$ _____

5. Penalty (10% per month or fraction for late payment) \$ _____

6. Interest (6% per annum from due date) \$ _____

7. Total Payment \$ _____

PENALTY & INTEREST MUST BE ADDED IF NOT PAID BY THE LAST DAY OF
THE MONTH FOLLOWING THE END OF THE PREVIOUS MONTH.

Total Rooms Available _____ Percent of Occupancy _____

**MAKE CHECK PAYABLE TO THE City Clerk P.O. Box 398, Leitchfield, KY
42755**

I hereby certify that statements made herein and in any supporting schedules are true,
correct and complete to the best of my knowledge.

Returned Must be Signed

Official Title/Date